U S Department of Labor Office of Labor Management Standards J Washington DC 20210

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FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215 0188
Expires 11 30 2006

This report is mandatory under P.L. 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U.S.C. 439 or 440

For Official Use Only

1 File Number U 970/

3 Name and address of person filing

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

2 Fiscal Year Covered From

1 1 1 1 1 1 Through 12

4 Name file number and address of labor organization

Name Jerald (K' Elliott, Jr	Name Woodworkers District Lodge W1, IAM
	Labor Organization File Number 531-728
PO Box Bidg Room No If any	P O Box Building and Room Number if any
Street 1.77_Chandler_Road	Street 25 Cornell Avenue
City Chehalis	City Gladstone
State Washington ZIP Code + 4 98532	State Oregon ZIP Code + 4 97027
5 Position in labor organization Business Representative	
Enter appropriate data below if during the past fiscal year you or your spo (except as specified in the exclu	use or minor child directly or indirectly had any of the following interests usions set forth in the instructions)
A Held an interest in engaged in transactions (including loans) with or monetary value from an employer whose employees your organization.	
6 Name and address of Employer (including trade name if any)	7 a Nature of Interest Transaction or Income
Name	
Trade Name If any	
PO Box Bidg Room No if any	7 b Amount
Street	7 6 Amount
	ya
City	The state of the s
State ZIP Code + 4	
Signature	
15 Signature and verification. The undersigned declares under penalty of submitted in this report (including the information contained in any accompany undersigned s knowledge and belief true correct and complete. (See the se	ying documents) has been examined by the signatory and is to the best of the
Signed Gerald K Ellwt &	on 8-9-05 503-656-1475
	Date Telephone Number
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Name of Person Filing Jerald K Elliott, Jr	File Number U	
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested		
8 Name and address of Business (including trade name if any)	9 Business deals with	
Name Vision Service Plan		
Trade Name if any	a Labor Organization	
PO Box Bldg Room No If any Suite 1050	C Employer	
Street 121 S W Morrison Street		
City Portland	-	
State Oregon ZIP Code + 4 97204		
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing	
Name The Nelson Trust H & W	Provider of Vision Service benefits for participants of Taft-Hartley H & W Trust	
Trade Name If any	participants of fart-hartiey if & w frust	
P O Box Bldg Room No If any		
Street 2929 N W 31st Avenue	11 b Approximate dollar value of such dealing \$80,000 00	
City Portland	12 a Nature of interest held or income received	
State Oregon ZIP Code + 4 97210	Sponsored participation in charity golf tournament in Sept 13, 2004	
	12 b Amount \$100 00	
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value		
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	14 a Nature of payment	
Name		
Trade Name if any		
PO Box Bldg Room No If any		
Street		
City		
production of the second of th		
State ZIP Code + 4		